MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

62-032028 STATE FILE NUMBER

Registration District No. 278 Primary Registration District No. 3054 Registrar's No. 117

FILED SEP 4 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

6822
20822
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS — DOCUMENT

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED | BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: Pike
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Louisiana
Length of stay in 1b: 58 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 117½ S. 3rd. St.
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Pike
c. CITY OR TOWN: Louisiana
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 117½ S. 3rd. St.
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Ruth Middle: Darline Last: Edwards

4. DATE OF DEATH: Month: 8 Day: 22 Year: 1962

5. SEX: Female

6. COLOR OR RACE: White

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH: 2/11/04

9. AGE (last birthday): 58
IF UNDER 1 YEAR Months: Days: IF UNDER 24 HR Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machinist

10b. KIND OF BUSINESS OR INDUSTRY: Emerson Electric

11. BIRTHPLACE (City and state or country): Minot, North Dakota

12. CITIZEN OF WHAT COUNTRY: U. S. A.

13a. FATHER'S NAME: Peter Haught

13b. MOTHER'S MAIDEN NAME: Ollie Marsh

14. NAME OF HUSBAND OR WIFE: John N. Edwards

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT Address: Mrs. James Cafer, Louisiana, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line f
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Azotemia. Anuria — INTERVAL BETWEEN ONSET AND DEATH: 4 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Squamous cell carcinoma of the pharynx. — 6 mths
DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1/26/62 to 8/22/62 and last saw her/him alive on 8/22/62
Death occurred at m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Chas H Lewellen MD

22b. ADDRESS: Louisiana, Missouri

22c. DATE SIGNED: 8/23/62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 8/25/62

23c. NAME OF CEMETERY OR CREMATORY: Riverview

23d. LOCATION (City, town, or county) (State): Louisiana, Missouri

24. FUNERAL DIRECTOR ADDRESS: Sterne Funeral Home, Louisiana, Mo.

25. DATE RECD. BY LOCAL REG.: Aug 24 1962

26. REGISTRAR'S SIGNATURE: Bernice Collier

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed J B Sterne

Licensed Embalmer No. 4039

P. O. Address Louisiana Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.